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APPLICANTS

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**** CONTINUING DATA ******* /AWJ/
"NONE"

**** FOREIGN APPLICATIONS ******* /AWJ/
"NONE"

IF REQUIRED, FOREIGN FILING LICENSE
GRANTED ** 06/10/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY NY	SHEETS DRAWING 2	TOTAL CLAIMS 19	INDEPENDENT CLAIMS 3
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <u>/Andrew W. Johns/</u> Examiner's Signature Initials				

ADDRESS

41838

TITLE

SYSTEM AND METHOD FOR REAL-TIME PROCESSING AND DISPLAY OF DIGITAL MEDICAL IMAGES

FILING FEE RECEIVED 750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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